| Place of Business,

Bealth Department, City of Baltimore.

Permit No. 27357 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within the third hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Observed without a Profess Certificate.

0.		L OI DEI	1111
Date of Death,	apri	c 18-188;	7
Full Name of Dece	ased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	Munic Da.	ais
Sex, Male or Fema	tle, {Cross out the word not }		
Age,	Years,	5 Months,	
Color,		Mha	1/
Married, Single, W	idow or Widower, Cross out required i	the words not }	
Occupation,			
Birth Place, State or clong in the	ountry, and how he United States, ign birth.	Ballimore	ag
Duration of Reside	ence in the City of Balti	more, fifetin	io!
Place of Death, {Giv	e Street and \ Number. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	& Wallis	X.
Cause of Death, \langle	First (Primary), Second (Immediate),	Alhisis	
Duration of Last	should be furnished by the Physician.	Liffer in	
Place of Burial,	Evangelical	ahr	
Data of Parial (mul) 1941887	1600.	2 05
Jundertaker, H.	Sander & Son	6 Hally	Controlled Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.
Permit No. 9935/ Office of Registrar of Vital Statistics. Ward 9
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, i requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Afril 18 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not }
Age, 70 Years, 4 Months, Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Merchant
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 22 France
Place of Death, {Give Street and } 3/7 Dark Ore
Cause of Death, { First (Primary), Second (Immediate), Gaugesne of foot Shully
Invation of Last Sickness, Moultes All the above information should be furnished by the Physician.
Place of Burial, Ot alphonus
Date of Burial, April 20188 7
(Undertaker, Mccremberger Medical Attendant.
Place of Business, 61 Tarkangadress 189

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it jurther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.	"
Permit No. 99352 Office of Registrar of Vital Statistics. Ward 5	<u> </u>
The Physician who attended any person in a last illness, is responsible to the Undertaker or other person superintending the burial, within the barries after the death of said deceased, or so	filled out,
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.	
APR 19 1887 C	
CERTIFICATE OF DEATH.	
Date of Death, April 1887.	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	t
Sex, Male or Female, {Cross out the word not }	
Age, 5/ Years, 9 Months, 16	Days.
Color, White	
Married, Single, Widow or Widower, {Cross out the words not } required in this line.	
Occupation, Ligar Dealer	
Occupation, Birth Place, {State or country, and how } ligner Scaler United States, }	
Duration of Residence in the City of Baltimore, 30 Jeans	
Place of Death, {Give Street and } /// me Slderry Sheet	
Cause of Death, Second (Immediate),	
Duration of Last Sickness, All the above information should be furnished by the Physician.	
Place of Burial, Baltimore Cemetery	
Date of Burial, April 2111	
(Undertaker, Leablehilling Medical amendant.	1. D.
Place of Business, As hlandigu Address, Too S. Brookway	1/2

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department, City of Baltimore.
Permit No. 99353 Office of Registrar of Vital Statistics. Ward 20
The hydician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 19th
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, 18 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1348 N Framont St
Cause of Death, { First (Primary), Scalar Second (Immediate), Septiac blood borsoning
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Maint Olivie
Date of Burial, April 21 1 6
(Undertaker, B. Hale) Medical Attendant

Place of Business, 115 West A Address, 2100 Arrid Hill ave

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Place of Business,

ours Certificate.
Bealth Bepartment, City of Baltimore. (2)
Permit No. 9 9352 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, i requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, April 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant of parents.
Sex, Male or Female, {Cross out the word not }
Age, 60 Years, Months, Days.
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Carpenter at 1380 thops.
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Battimore,
Place of Death, Give Street and Southern Joliel Walton
Cause of Death, Second (Immediate), Asfahyxia.
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Laceton Last.
Date of Burial, agreel 20 17, Ilamery M. D.
(Undertaker, 18 . 14 A46 Somes - Medical Attendant
Place of Business, / 19 West It Address, 1701 Dr. Hill au

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

or unis Certificate.
Bealth Department, City of Baltimore.
Permit No. 99355 Office of Registrar of Vital Statistics. Ward 15
The Dhysician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twinty four fours after the death of said deceased, or somer, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Copie 19th
Pate of Death, Correctly. If an Infant not named, give names Sof parents.
Sex, Male or Female, {Cross out the word not }
Age, 3 Years, 6 Months, Days.
Color, cohile
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 438 Cross
Cause of Death, { First (Primary), Phetemonia Second (Immediate), Phetemonia
Duration of Last Sickness,
Place of Burial, It Ulikans
Date of Burial, april 21 M. D.
(Undertaker, 3. May 4 Medical Attendant.
Place of Business, 1/5 Mast 1 Address, 5 1/ Hannows

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

	Department,	City of	Baltimore.	,,
Permit No. 99336	Office of Registra	of Vital S.	tatistics. Ward.	//
The Physician who attended an to the Undertaker or other person su requested so to do, under penalty of 1 No Permit	y person in a last illness, is resp perintending the burial, within aw. FOR BURIAL CAN BE OBTAIN			curately filled out, ed, or sooner, if
CERT	TIFICATE			
Date of Death,	april 18	1887		
Full Name of Deceased, { works of the control of th	rite legibly and spell prrectly. If an Infant to tnamed, give names parents.	annie 1	From	
Sex, Mate or Female, requir	out the word not }	· · · · · · · · · · · · · · · · · · ·		
Age, about 389 ?	Years,	Mont	hs,	Days.
Color, Ed		,		
Married, Single, Widow or	Widower, Cross out the word	is not }	/	
Occupation,	Laundres	· · · · · · · · · · · · · · · · · · ·	1/	
Birth Place, State or country, and long in the United St. if of foreign birth.	how ates, Balt	city	V	
Duration of Residence in	the City of Baltimore,			
Place of Death, Give Street and Number.	15 for	don aly.	- Jordan alle	4
Cause of Death, $\begin{cases} \text{First (Prim Second (In))} \end{cases}$	ary), Jyph amediate),	don aly		
Duration of Last Sickness All the above information should be fur	mished by the Physician.	·····		
Place of Burial, Thanfo	. It Comerly			
Date of Burial, Sprit	2/01/8871	Pan'	15	
(Undertaker, Mine)	grang !	11.01m	Medical Attenda	
Place of Business, 2/9	Mullerny St Ad	dress, 4/2	W. Biddle or	4
Extract from Regulations of the			record of the Vital Sta	tistics in the
Section 2. And be it further enter the Physician who attended during betwenty-four hours after the death, to the same can be ascertained, the full nand date of death.	his or her last sickness, or the C he Undertaker or other persons	ever any person shall Coroner, when the cases superintending the	se comes under his notice, to Burial, a certificate setting	furnish within forth as far as

unis Certificate.

1110 01
Bealth Department, City of Baltimore.
Permit No. 99357 Office of Registrar of Vital Statistics. Ward 9
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four lower after the death of said deceased, or sooner, is
requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CEDTIFICATE OF THE ATH
CERTIFICATE OF DEATH.
Date of Death, Office (Give 007
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, { Cross out the word not }
Age, Months, Days.
Color, Correct
Married, Single, Widow or Willower, {Cross out the words not }
Occupation, multienne le l.
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 2209 Call Onder
(First (Primary), Cambredge At ()
Cause of Death, Second (Immediate), Elpholog Erysipelas
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, gallmon Com.
Date of Burial, Mis. 20 M. D.
(Undertaker, G. France Medical Attendant.
Place of Business, Fonte Why Laddress, 2826 Clare
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health	Department,	City of	Baltimo	re.
Permit No. 99358	Office of Registra	r of Vital St	atistics.	Ward 3 7
requested so to do, under penalty of	Saw.	n thereby-for holes, after	er the death of said	cate, accurately filled ou deceased, or sooner, i
NO I ERRE	T FOR BURIAL CAN BE OBTAIN	TEB WITHOUT X PROP	AR CERTIFICATE.	
CER	TIFICATE	OF D	EATH	
Date of Death, 19 4		84.		
Full Name of Deceased, Sex. Male or Female	Write legibly and spell enerrectly. If an Infant mot named, give names	ig' Illb	rich.	
Sex, Male or Female, [res	of parents. sout the word not } mixed in this line.	7 *		
Age,	Years,	/ Month	18, /	Days
Color, white			0	
Married, Single, Widow	Widower, {Cross out the wor	rds not }		
Occupation,			200	
Birth Place, State or country, an long in the United if of foreign birth.	states, Balti	more (ity	
Duration of Residence in	the City of Baltimore	during	lifet	me.
Place of Death, $\{^{ ext{Give Street an}}_{ ext{Number.}}\}$	od) S. Ole	gickerst	ut Ill	
Cause of Death, $\left\{egin{array}{l} ext{First (Prince)} \\ ext{Second (I)} \end{array} ight.$	Immediate), 9	nanche	laryn	yea .
Duration of Last Sickness All the above information should be	18,	6	days	
Place of Burial, St. A.	Thonous Ver	n. 1	1	
Date of Burial, Afect.	200 884	Willien	w Her	rel M D
\{\begin{aligned} \text{Undertaker,} & \mathcal{G} \\ \tag{\text{2.5}}	nane	a	Medical	Attendant.

Ol

Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full mame, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Bepartment, City of Baltimore.
Permit No. 99359 Office of Registrar of Vital Statistics. Ward 14
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Mol, 19 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 40 Years, 9 Months, Days
Color, Collice
Married, Single, Widow or Widower, {Cross out the words not } Man 100
Occupation, Consi Rondant (1/201 per
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, John Mohly
Place of Death, {Give Street and }
First (Primary), Cap Apeles
Cause of Death, Second (Immediate), Linking June of S.
Duration of Last Sickness, 8 months.
All the above information should be furnished by the Physician. Place of Burial, Landen Park, Cemela,
Date of Burial, All 2001/884 \MOUNTAIL ALL MD
(Undertaker, Los & Cook Medical Attendant.
Place of Business 1003 M Ballyman Address, 600 1 110011 (5)

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.